

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P96000049992 (6)

1. Corporation Name
SILICONEXION, INC.



Principal Place of Business
10380 131ST ST
LARGO FL ~~34644~~
33774

Mailing Address
10380 131ST ST
LARGO FL 33774-5503

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 3151 Landmark Dr.

27 Suite, Apt. #, etc.

28 #123 Clearwater, FL

29 34621 30 US

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

4. FEI Number
59-3383275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KILLINGSWORTH, JESSE J
10380 131ST ST
LARGO FL ~~34644~~ 33774

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, WAYNE T	
STREET ADDRESS	10380 131ST ST	
CITY - ST - ZIP	LARGO FL 34644	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOORE, WAYNE T.	
1.3 STREET ADDRESS	3151 Landmark Dr, #123	
1.4 CITY - ST - ZIP	Clearwater, FL 34621	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KILLINGSWORTH, JESSE J.	
2.3 STREET ADDRESS	10380 131st St	
2.4 CITY - ST - ZIP	Largo, FL 33774	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CALTAGIRONE, JOSEPH D.	
3.3 STREET ADDRESS	3401 SKYSAIL PL.	
3.4 CITY - ST - ZIP	Tampa, FL 33607	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUMIA, JAMES	
4.3 STREET ADDRESS	2615 Parkland Blvd.	
4.4 CITY - ST - ZIP	Tampa, FL 33609	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WEDLAKE, JAMES	
5.3 STREET ADDRESS	11671 Grove St.	
5.4 CITY - ST - ZIP	Seminole, FL 34642	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne T. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1997 813 788 000 4
Date Daytime Phone #

CR2E034 (9/96)